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<b>UTILITY PATENT APPLICATION</b> <b>TRANSMITTAL UNDER 37 CFR 1.53(b)</b>		<b>ATTORNEY DOCKET 82481WFN</b> <b>Customer No. 01333</b>	
To: Commissioner for Patents Box Patent Application Washington, D.C. 20231		<b>Express Mail Label No.</b> <b>EV043640536US</b>	
<b>COMPUTED RADIOGRAPHY CASSETTE FOR MAMMOGRAPHY</b>		<b>Date:</b> <u>November 27, 2001</u>	
First Named Inventor (or Application Identifier): William C. Wendlandt			

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Enclosed are:

- |   |  |
|---|--|
| 1. <input checked="" type="checkbox"/> Specification  | 6. <input checked="" type="checkbox"/> Assignment of the invention to <u>Eastman Kodak Company</u>   |
| 2. <input type="checkbox"/> 10 Sheet(s) of drawing(s)   | 7. <input type="checkbox"/> Certified copy of a priority document  |
| 3. <input checked="" type="checkbox"/> Information Disclosure Statement Under 37 CFR 1.97.  | 8. <input type="checkbox"/> Associate Power of Attorney  |
| 4. Combined Declaration for Patent Application and Power of Attorney:   |  |
| 4a. <input checked="" type="checkbox"/> New   |  |
| 4b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d) (for continuation/divisional with Box 11 completed)  |  |
| 5. <input type="checkbox"/> Incorporation by Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.             | 9. <input type="checkbox"/> Deletion of Inventor(s). Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). |
| 10. <input type="checkbox"/> If a 111A application prior to examination of the above-identified application, amend the specification at Page 1, after the title, by inserting the following:<br>--CROSS REFERENCE TO RELATED APPLICATION<br>Reference is made to and priority claimed from U.S. Provisional Application Serial No. , filed , entitled . |  |
| If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:  |  |
| 11. <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. ;  |  |
| 12. <input checked="" type="checkbox"/> Please address all written communications to Thomas H. Close, Patent Legal Staff, Eastman Kodak Company, 343 State Street, Rochester, NY 14650-2201.<br>Please Direct all telephone calls to William F. Noval at (585) 477-5272.  |  |

The filing fee has been calculated as shown below:

FOR:	NO. FILED	NO. EXTRA	RATE	FEE
BASIC FEE				\$ 740
TOTAL CLAIMS	9 - 20 =	0	x 18 =	\$ 0
INDEPENDENT CLAIMS	1 - 3 =	0	x 84 =	\$ 0
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENTED			+ 280	\$0
			<b>TOTAL</b>	<b>\$ 740</b>

- ☒ Please charge my Eastman Kodak Company Deposit Account No. **05-0225** in the amount of \$ 740 .  
**A duplicate copy of this sheet is enclosed**
- ☒ The Commissioner is hereby authorized to charge any additional filing fees required under 37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. **05-0225**.  
**A duplicate copy of this sheet is enclosed.**

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